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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) I4303.0053	
Application Number 09/927,906-Conf. #5185		Filed	August 9, 2001
For	Method and apparatus for software-based allocation and scheduling of hardware resources in an electronic device		
Art Unit	2195	Examiner	K. Tang

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) 2 Mos. prev. paid 11/21/08 (\$1,110 - \$490 = \$620)	\$1110	\$555	\$ 620.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 50-2215 .

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record. Registration Number 38,395

attorney or agent under 37 CFR 1.34

attorney or agent under 37 CFR 1.34.

19. *Journal of the American Academy of Child and Adolescent Psychiatry*

/Laura C. Brutman/

Signature \_\_\_\_\_ Date \_\_\_\_\_

December 22, 2008

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 22, 2008

Electronic Signature for Laura C. Brutman: /Laura C. Brutman/